

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Sevigny
Commissioner



Thomas S. Burke
Director of Examinations

**APPLICATION for
EXEMPTION**

**THIRD PARTY ADMINISTRATOR
R.S.A 402-H**

ADMINISTRATOR NAME: _____

TRADE NAME (if any): _____

DOMICILE: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____ PHONE: _____

CONTACT ADDRESS: _____

*Note: This Department will only correspond with the named contact person. This individual may be in the company or a contracted person such as a consultant.

FEES

Annual Renewal
(Due March 1st each year following exemption)

No Fee for Exempt TPA application

**REQUEST for an EXEMPTION of LICENSURE
as a THIRD PARTY ADMINISTRATOR
in New Hampshire**

An administrator is not required to hold a license as an administrator in this state under certain conditions. An exemption must be requested by completing this form and page one of the licensing application and submitting it to this Department. No fee is charged for the registration of an exempted administrator. The Department will notify the applicant if the request for an exemption is approved. This exemption must be renewed no later than June 14th of every year subsequent to the initial application.

ADMINISTRATOR NAME: _____

The above named administrator hereby requests an exemption from licensure because we meet the following requirement (s): (check those which apply)

- _____ An employer on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of such employer.
- _____ A union on behalf of its members.
- _____ An insurer which is authorized to transact insurance in this state, or a subsidiary or affiliated corporation of such insurer, with respect to a policy lawfully issued and delivered in and pursuant to the laws of this state.
- _____ An agent or broker licensed to sell life or health insurance or annuities or workers' compensation insurance in this state, acting on behalf of an authorized insurer.
- _____ A creditor on behalf of its debtors with respect to insurance covering a debt between the creditor and its debtors.
- _____ A trust and its trustees, agents and employees acting pursuant to such trust established in conformity with 29 U.S.C. section 186.
- _____ Any person, corporation, partnership, or other entity exempt from taxation under Section 115 or Section 501 of the Internal Revenue Code, its respective officers, employees, directors, partners, shareholders, trustees acting pursuant to the organization of the entity, or custodian and the custodian's agents or employees acting pursuant to a custodial account which meets the requirements of Section 401(f) of the Internal Revenue Code, or a subsidiary or affiliated corporation of such entities.
- _____ A credit union or a financial institution which is subject to supervision or examination by federal or state banking authorities, or a mortgage lender, to the extent they collect and remit premiums to licensed insurance agents or authorized insurers in connection with loan payments.
- _____ A credit card issuing company which advances for premiums or charges from its credit card holders who have authorized collection if the company does not adjust or settle claims.
- _____ A person who meets the requirements of RSA 402-B, Insurance Claims Adjuster.
- _____ A person who acts solely as an administrator of one or more bona fide employee benefit plans established by an employer or an employee organization, or both, for which the insurance laws of this state are preempted pursuant to the Employee Retirement Income Security Act of 1974. Such person shall comply with the requirements under RSA 402-H:11, VII.
- _____ A person licensed as a managing general agent in this state, pursuant to RSA 402-E, whose activities are limited exclusively to the scope of activities conveyed under such license.

_____ A pooled risk management program operated pursuant to RSA 5-B.

_____ An administrator is not required to hold a certificate of authority as an administrator in this state if all of the following conditions are met:

- (1) The administrator has its principal place of business in another state.
- (2) The administrator is not soliciting business as an administrator in this state.
- (3) In the case of any group policy or plan of insurance serviced by the administrator, the lesser of 5 percent or 100 certificate holders reside in this state.

NOTARIZATION

STATE of _____

COUNTY of _____

BEFORE ME, the undersigned authority, personally appeared _____
who being duly sworn, stated that all information contained in the attached application for exemption of licensure
is, to the best of his knowledge, true, complete and correct.

(Witness Signature)

(Authorized Representative Signature)

(Printed Name)

(Printed Name)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

(Notary Public Signature)

(Notary Public Printed Name)